Ghana

Research conducted in 01/12/2025

Ghana's Alzheimer's disease response is still shaped by a hub-and-spoke reality without a formal national dementia plan: the core clinical pathway runs through the two major teaching-hospital centres: Korle Bu Teaching Hospital (KBTH) in Accra and Komfo Anokye Teaching Hospital (KATH) in Kumasi. At the same time, civil society groups, especially Alzheimer's and Related Disorders Society of Ghana (ARDAG) fill the gaps in public education, stigma reduction, and carer guidance. Policy-wise, dementia sits under a broader umbrella of ageing and mental-health frameworks rather than a dedicated dementia strategy, which means service standards, referral targets, care coordination, and long-term support remain uneven across regions and highly dependent on where a patient lives and what services are locally available. On the enabling side, neuroimaging availability and imaging-system strengthening have been identified as priorities and are improving, but capacity remains geographically clustered and vulnerable to downtime, staffing limits, and maintenance gaps, especially outside Accra and Kumasi. Meanwhile, community awareness is still low, delaying help-seeking. Research capacity is present in academic hubs, but Ghana currently has no Alzheimer's disease interventional trial footprint, limiting access to experimental therapies and trial-driven diagnostics. Near-term progress is therefore most likely to come from operationalising existing ageing and mental-health frameworks with additional Older People Bill and more specific dementia-related strategies.

Highlights

Health system **Non-universal with mixed funding and mixed provisions**
ADI member association(s): **Alzheimer's and Related Disorders Society of Ghana**
National dementia plan: **Not adopted**
Dementia plan funding: **No plan**
Dementia prevalence rate: **142**
Dementia incidence rate: **25**
Population: **35343740**
Median age: **21**
Health expenditure (% of GDP): **4**

Diagnosis

In Ghana, dementia assessment usually begins in primary care or private clinics and is referred to specialist neurology or psychiatry services at major urban teaching hospitals, mainly in Accra and Kumasi. Diagnosis relies on clinical evaluation, brief cognitive tests (such as MoCA), and CT or MRI where available; genetic testing, PET imaging, and biomarker tests are not part of routine care. Waiting times for specialist review and imaging can be prolonged due to limited capacity and equipment downtime. Basic services may be partially covered by NHIS, but many families face out-of-pocket costs, especially for specialist visits or private imaging.

Diagnosis pathway

In Ghana, dementia diagnosis is concentrated in major urban centres, particularly Accra and Kumasi. Patients typically begin in primary care or private clinics and are referred to specialist neurology or psychiatry services at tertiary hospitals, mainly Korle Bu Teaching Hospital (Accra) and Komfo Anokye Teaching Hospital (Kumasi). Outside these hubs, access to specialist assessment is limited, and many individuals remain in primary care or seek faith-based or traditional support before reaching neurological services. As a result, dementia is often diagnosed late.

In Ghana, the diagnostic pathway for dementia is highly centralised and urban-focused. In Accra, Kumasi, and a handful of other regional hubs, people usually enter the system through primary care facilities, private outpatient clinics, or general medical wards, from where they are referred to specialist neurology or psychiatry services at major tertiary hospitals. The two dominant referral centres are Korle Bu Teaching Hospital (KBTH) in Accra and Komfo Anokye Teaching Hospital (KATH) in Kumasi, which anchor most formal cognitive work-ups, neuroimaging, and specialist assessments in the country. KATH, in particular, has played a pivotal role since opening a dedicated outpatient neurology clinic in 2011, and it continues to serve as a key referral point for central and northern Ghana.

Outside these major cities, however, dementia diagnosis is far more informal and fragmented. Many people never reach specialist services at all, instead remaining within primary care or seeking help from faith-based or traditional healers, often for prolonged periods, before neurological referral is considered. This pattern reflects persistently low dementia awareness, stigma surrounding cognitive decline, and limited specialist availability, trends that are widely documented across sub-Saharan Africa. As a result, diagnosis frequently occurs late in the disease course, after functional decline or behavioural symptoms become unmanageable for families.

References

- https://pmc.ncbi.nlm.nih.gov/articles/PMC4839267
- https://pmc.ncbi.nlm.nih.gov/articles/PMC10581119

Wait times

Status: Long wait time

There are no official national data on dementia-specific waiting times in Ghana, but delays are common due to limited specialist and imaging capacity. Radiologists and advanced imaging services are concentrated in major

cities, and equipment downtime or staff shortages can further restrict access. While urban patients generally have better access than rural populations, waiting times for specialist consultations and imaging can be prolonged, especially during periods of high demand or technical interruptions.

There are no published national audits that quantify waiting times specifically for dementia or memory assessment in Ghana, but multiple system indicators suggest that delays are common. Specialist bottlenecks are driven by structural capacity constraints rather than formal rationing. Radiologist density is low, estimated at roughly 3 radiologists per million people, and imaging infrastructure is unevenly distributed. A 2025 national audit of computed tomography (CT) services identified geographic gaps, equipment downtime, and maintenance backlogs, particularly outside the main urban centres. Even in tertiary hospitals, access can be fragile. Large facilities periodically report magnetic resonance imaging (MRI) downtime, limited operating hours, or backlogs caused by staff shortages and high demand from oncology and trauma services. Consequently, while urban residents have better nominal access to diagnostics than rural populations, actual throughput remains constrained, and waiting times for imaging or specialist review can extend significantly, especially during periods of equipment failure or staffing shortages.

References

- https://link.springer.com/article/10.1007/s42058-023-00130-z
- https://www.sciencedirect.com/science/article/abs/pii/S1939865425001316
- https://www.researchgate.net/publication/369926452_Diagnosing_the_disparities_an_analysis_of_the_current_state_of_medical_imaging_in_Africa

Diagnosis cost

Ghana's National Health Insurance Scheme (NHIS) covers basic services for part of the population, but coverage is limited and out-of-pocket spending remains common. Specialist consultations, repeat visits, and diagnostic imaging often require direct payment, especially when patients use private facilities or face public system delays. As a result, access to timely and comprehensive dementia diagnosis is closely linked to household financial capacity.

Ghana's health system operates a mixed financing model anchored by the National Health Insurance Scheme (NHIS). NHIS covers a defined benefits package and medicines list for about 40% of the population, but coverage depth is limited. Out-of-pocket spending remains significant, particularly for specialist consultations, repeat visits, and diagnostic imaging when public capacity is constrained. When families seek faster assessment through private clinics, or when public facilities face long waits or equipment downtime, costs are typically paid directly by patients. Advanced diagnostics, private imaging, and any services delivered outside NHIS-contracted facilities are largely out-of-pocket. As a result, diagnostic speed and completeness are closely tied to household financial capacity, reinforcing urban-rural and socioeconomic disparities in dementia diagnosis across Ghana.

References

- https://www.nhis.gov.gh/about
- https://globalhealth.duke.edu/news/ghana-healthcare-country-transition
- https://web.archive.org/web/20110809022352/http://healthmarketinnovations.org/program/ghana-national-health-insurance-scheme

Cognitive tests

Ghana does not operate a national population-based dementia screening program. Case identification is opportunistic and symptom-driven, typically initiated by family concern or clinical observation in primary or secondary care. At the point of care, brief standardised cognitive screening tools are increasingly used in both clinical and research settings. The Montreal Cognitive Assessment (MoCA) has gained particular traction in Ghanaian studies and pilot clinical applications, reflecting its sensitivity to mild cognitive impairment and its adaptability across educational backgrounds. In addition to MoCA, Ghana-based research has employed other short screening instruments, including community-adapted tools and locally validated brief cognitive screens designed to account for linguistic diversity and variable literacy. However, routine use across the public health system is inconsistent, and screening practices depend heavily on clinician training, time constraints, and facility resources rather than national guidance.

References

- https://pmc.ncbi.nlm.nih.gov/articles/PMC12281458
- https://www.sciencedirect.com/science/article/pii/S2667242124001015
- https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4924205&

Imaging tests

Structural neuroimaging with CT and MRI is available in tertiary hospitals and selected regional centres, including KBTH, KATH, and Tamale Teaching Hospital (TTH). Following the COVID-19 period, Ghana has made documented efforts to strengthen national imaging services, but access remains uneven and strongly concentrated in urban areas. Equipment uptime, staffing, and maintenance capacity vary substantially across facilities, limiting reliable access even where scanners are physically present. Advanced molecular imaging is not part of routine dementia diagnosis. Positron Emission Tomography (PET) and amyloid-PET imaging are not used clinically for Alzheimer's disease in Ghana, as nuclear medicine capacity is limited and primarily oriented toward oncology. There is no established referral or reimbursement pathway for dementia-related PET imaging, and its use remains outside standard clinical practice.

References

- https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4924205&
- https://kath.gov.gh
- https://www.tth.gov.gh
- https://kbth.gov.gh/radiology/
- https://citycancerchallenge.org/strengthening-imaging-services-in-ghana-a-path-of-resilience/

Genetic tests

Clinical genetic testing for Alzheimer's disease, such as APOE genotyping or testing for autosomal-dominant mutations, is not included in standard public diagnostic pathways. Ghana has no national guideline mandating or recommending genetic testing for dementia in routine diagnosis. When genetic tests are pursued, this is typically through private laboratories or out-of-country services and is limited to select families, research contexts, or highly atypical early-onset cases. For the vast majority of people, genetics plays no role in clinical diagnosis or

management.

References

- https://www.moh.gov.gh/wp-content/uploads/2020/07/GHANA-STG-2017-1.pdf

Biomarker tests

Routine use of Alzheimer's disease biomarkers is not established in Ghanaian clinical practice. Cerebrospinal Fluid (CSF) biomarkers (Aβ42/40, total tau, phosphorylated tau) are not widely available or reimbursed within the public system. While tertiary centres may participate in biomarker research or conduct lumbar punctures for selected neurological indications, there is no standardised national pathway for clinical CSF or blood-based Alzheimer's disease biomarker testing. As a result, diagnosis relies primarily on clinical assessment, cognitive testing, and structural imaging rather than biological confirmation.

University of Ghana and its KBTH clinic participate in an international initiative, Resource for the Early Analysis of Dementia-Alzheimer's Disease Sequencing Project (READD-ADSP) that aggregates genetic and clinical data to study Alzheimer's disease, with a strong emphasis on increasing ancestral diversity in dementia research. The University of Ghana's participation in its biobanking means Ghanaian researchers contribute consented biological samples and data to this global genetic resource, strengthening African representation and research capacity, but it does not imply routine clinical genetic testing or Alzheimer's disease trials within Ghana's health system.

References

- https://alz-journals.onlinelibrary.wiley.com/doi/10.1002/alz.70559

Treatment & care

In Ghana, dementia treatment is mainly provided through neurology and psychiatry services at major teaching hospitals in Accra and Kumasi. Standard symptomatic medications are available but not always consistently stocked, and advanced disease-modifying therapies are not accessible. The National Health Insurance Scheme (NHIS) covers some outpatient care and listed medicines, but many families pay out of pocket for specialist visits and medications. Long-term care relies heavily on family support, with limited formal palliative or caregiver services.

Specialized facilities and services

Ghana does not have a dedicated network of memory clinics. Dementia diagnosis and management are primarily handled within neurology and psychiatry departments at Korle Bu Teaching Hospital (Accra) and Komfo Anokye Teaching Hospital (Kumasi). Palliative care services are present in selected teaching hospitals, and the Ghana Palliative Care Association supports coordination and training initiatives. Dedicated dementia-specific palliative pathways are not formally structured within the public system.

Ghana does not operate a nationally organised network of memory clinics or dementia centres. Instead, specialist diagnosis, treatment initiation, and follow-up care are highly centralised within a small number of tertiary teaching hospitals, primarily KBTH in Accra and KATH in Kumasi, supplemented by a limited number of regional hospitals and private specialist clinics. Neurology and psychiatry services at these institutions manage most dementia cases that reach specialist level, often alongside other neurological and mental health conditions, which constrains dedicated dementia capacity.

Palliative care for people living with advanced dementia is present but underdeveloped relative to need. Services are unevenly distributed, with stronger provision in urban centres and teaching hospitals and minimal coverage in rural areas. The Ghana Palliative Care Association (GPCA) plays a central coordinating role by linking clinicians, advocating for integration of palliative care into mainstream health services, and supporting training initiatives. Research and implementation projects such as COMPASS-Ghana have highlighted both the feasibility and the urgency of scaling palliative and supportive care models, particularly for non-cancer conditions like dementia. Despite these efforts, dementia-specific palliative pathways, covering symptom control, psychosocial support, and end-of-life planning, are not yet systematically embedded in the public health system.

Approved medication

Generic Name	Trade Name	Used for

Donepezil	Aricept, Aricept ODT, Adlarity, Eranz, Memac, Alzepil, Davia, Donecept, Donep, Donepex, Donesyn, Dopezil, Yasnal, Memorit, Pezale, Redumas, Zolpezil, Namzaric*	Donepezil is indicated for the symptomatic treatment of mild to moderately severe Alzheimer's dementia. Official UK medicine details (MHRA SPC) link
Rivastigmine	Exelon, Exelon Patch, Prometax, Rivastach, Nimvastid	Symptomatic treatment of mild to moderately severe Alzheimer's dementia. Symptomatic treatment of mild to moderately severe dementia in patients with idiopathic Parkinson's disease. Official UK medicine details (MHRA SPC) link
Galantamine	Razadyne, Razadyne ER, Reminyl, Reminyl XL, Nivalin, Lycoremine, Galsya	Galantamine is indicated for the symptomatic treatment of mild to moderately severe dementia of the Alzheimer type. Official UK medicine details (MHRA SPC) link

*Namzaric = combination of Donepezil and Memantine
** MHRA: Medicines and Healthcare products Regulatory Agency - UK medicines regulator;
SPC: Summary of Product Characteristics - detailed product information

Treatment cost

In Ghana, the National Health Insurance Scheme (NHIS) covers general outpatient visits and some medicines included on its approved list. However, dementia medications are not always consistently stocked in public facilities, and specialist visits, private imaging, or medicines obtained outside NHIS coverage are typically paid out of pocket. As a result, families often bear ongoing costs for long-term dementia care, especially when using private services.

Financing of dementia treatment in Ghana reflects the broader mixed public–private structure of the health system. NHIS reimburses many outpatient consultations and medicines included on its national medicines list and benefits package, offering partial financial protection for families. However, coverage of specific dementia drugs can fluctuate between NHIS list editions and varies by facility-level availability. When a prescribed medication is not listed, not stocked, or prescribed outside NHIS-contracted facilities, people must pay out-of-pocket or rely on private insurance. As a result, while standard symptomatic treatment may be partially covered for some people, others face sustained out-of-pocket costs, particularly for repeated specialist visits, private imaging, or consistent access to medications. These financial pressures often influence adherence, follow-up frequency, and decisions about continuing care, reinforcing socioeconomic disparities in long-term dementia management.

References

- https://www.nhis.gov.gh/files/2025%20NHIS%20ML.pdf
- https://nhis.gov.gh/files/medicineslist(2020).pdf

Caregiver support

Ghana does not provide a national caregiver allowance or structured respite services for dementia. Care largely falls on families, with limited formal support. The main non-governmental actor, the Alzheimer's & Related Disorders Association of Ghana (ARDAG), provides caregiver education, awareness campaigns, and basic guidance, but services operate at limited scale.

Formal state support for carers in Ghana remains limited. There are no dedicated national carer allowances, structured respite-care programs, or dementia-specific social protection schemes. Consequently, the load of care falls predominantly on families, often women, who provide unpaid support with limited external assistance. Civil-society organisations play a critical compensatory role. The Alzheimer's & Related Disorders Association of Ghana (ARDAG) is the primary non-governmental actor in this space, offering carer education, basic care guidance, awareness campaigns, and stigma reduction activities. ARDAG's work helps families recognise dementia as a medical condition rather than a spiritual or moral failing, improving help-seeking behaviour and social acceptance. Nevertheless, these initiatives operate at a limited scale and cannot substitute for systematic public provision. The absence of structured respite services, formal carer training within the health system, and income or employment protections for carer remains a major gap in Ghana's dementia care landscape.

References

- https://pmc.ncbi.nlm.nih.gov/articles/PMC9453144/
- https://link.springer.com/content/pdf/10.1186/s40359-024-01862-y.pdf
- https://alz-journals.onlinelibrary.wiley.com/doi/abs/10.1002/alz.091715
- https://alzheimersgh.org/services/

Policy

Ghana does not have a dedicated national dementia strategy; dementia is addressed only within broader frameworks such as the National Ageing Policy and general mental health legislation. While these provide a foundation for ageing and rights-based care, there is no specific operational plan, funding stream, or standardised pathway for dementia services. Legal guidance on capacity and long-term care remains limited, and stigma continues to delay help-seeking, particularly in rural areas where older women are especially vulnerable to accusations and social exclusion.

National dementia plan

Ghana does not have a dedicated national dementia strategy. Dementia is addressed only within broader frameworks such as the National Ageing Policy (2010), which covers ageing, non-communicable diseases, and mental health but does not provide a specific operational plan for dementia care.

There is no current Alzheimer's disease- or dementia-specific national strategy in Ghana. Ghana's overarching policy framework for older adults is anchored in the National Ageing Policy (NAP), "Ageing with Security and Dignity" (2010). The NAP recognises population ageing as a cross-cutting development issue and emphasises health care access, social protection, income security, and community participation for older adults. Dementia is implicitly covered within the policy's broader commitments to non-communicable diseases, mental health, and age-related disability, but it is not addressed through a dedicated, operational strategy. Crucially, Ghana does not currently have a dementia-specific national plan that would standardise pathways across prevention, early detection, diagnosis, treatment, long-term care, carer support, and research. The absence of such a plan means there are no nationally mandated service models (e.g. memory clinics, referral timelines, or care coordinators), no earmarked dementia budget lines, and no unified monitoring framework. As a result, dementia care remains fragmented, highly centralised, and dependent on individual institutions, non-governmental organisations (NGOs), or externally funded projects rather than a coherent national system.

References

- https://mogcsp.gov.gh/?mdocs-file=672&
- https://www.moh.gov.gh/wp-content/uploads/2016/02/Mental-Health-Act-846-2012.pdf
- https://cdn.who.int/media/docs/default-source/mental-health/special-initiative/simh-countrypage_ghana-3pages.pdf
- https://www.mogcsp.gov.gh/mdocs-posts/national-ageing-policy-ageing-with-security-and-dignity

Upcoming plans

Ghana is advancing broader ageing and palliative care policies, including discussions around an Older Persons Bill and continued work on strengthening palliative care services. While these initiatives are not dementia-specific, they may indirectly improve support and protections for older adults, including those living with dementia.

Government and the United Nations (UN)-linked policy documents indicate ongoing multi-sectoral engagement on

ageing, including the work of a National Advisory Committee on Ageing and deliberations around an Older Persons Bill, which is intended to strengthen legal protections and social welfare entitlements for older adults. The bill's full implementation and funding has been constantly postponed since 2010. In October 2025, the Centre for Ageing Studies (CFAS) at the University of Ghana urged the government to fast-track the passage of the Aged Persons' Bill to safeguard the rights and welfare of older adults in the country. In parallel, Ghana has continued to engage in palliative-care policy development, reflecting a growing recognition of chronic and life-limiting conditions beyond oncology. While these initiatives are not dementia-specific, they offer potential entry points for strengthening dementia care, particularly if they are operationalised with clear financing mechanisms, service standards, and workforce plans. For example, an Older Persons Bill that clarifies social-care entitlements, safeguards against abuse, and improves access to community services could indirectly improve dementia outcomes. However, without explicit inclusion of neurodegenerative diseases, there is a risk that dementia remains subsumed under general ageing or mental health frameworks, limiting accountability and practical impact.

References

- https://scholarworks.indianapolis.iu.edu/server/api/core/bitstreams/3efa3a47-bfc9-45dc-9f56-9a018f7767bc/content
- https://www.graphic.com.gh/news/general-news/international-day-of-older-persons-pass-aged-persons-bill-into-law-john-mahama-to-parliament.html
- https://research.lancaster-university.uk/en/projects/advancing-palliative-care-in-ghana-development-of-a-national-poli
- https://www.alzint.org/u/dementia-sub-saharan-africa.pdf

Policy gaps

Legal barriers

Ghana's Mental Health Act, 2012 (Act 846) represents a significant modernisation of mental health governance, emphasising human rights, community-based care, and protections for people living with mental disorders. The Act includes provisions relevant to decision-making capacity and guardianship, which may apply to people living with dementia. However, implementation gaps persist, including limited resources for oversight bodies and uneven application at local level. Importantly, Ghana lacks dementia-specific legal guidance that addresses the distinct challenges posed by progressive cognitive disorders. There is no dedicated statute or regulatory framework detailing standardised capacity assessment for dementia, supported-decision-making models, advance directives, driving fitness, financial protection, or long-term care planning. In practice, this creates uncertainty for clinicians, families, and courts, and leaves many decisions to informal family arrangements rather than rights-based, clearly regulated processes.

References

- https://www.moh.gov.gh/wp-content/uploads/2016/02/Mental-Health-Act-846-2012.pdf
- https://cdn.who.int/media/docs/default-source/mental-health/special-initiative/ghana-investment-case_final.pdf?sfvrsn=d6bb31e4_1

Cultural barriers

Low public awareness and persistent stigma remain major non-legal barriers to effective dementia policy implementation. Dementia is still frequently misattributed to spiritual, supernatural, or moral causes, including

witchcraft or punishment, particularly in rural and peri-urban settings. These beliefs delay help-seeking, normalise neglect or abuse, and can lead families to prioritise faith-based or traditional responses over medical care. Ghana-based and regional studies consistently document low dementia literacy among students, health trainees, and the general public, despite growing recognition of ageing-related health issues. This cultural context undermines early diagnosis, reduces political salience, and weakens demand for formal services, creating a feedback loop in which dementia remains under-prioritised in policy agendas. Addressing these cultural gaps requires sustained public education, integration of dementia into health-professional curricula, and visible government endorsement of dementia as a medical and social condition rather than a private family issue.

In Ghana (as in parts of West Africa more broadly), witchcraft accusations intersect with Alzheimer's disease risk because visible cognitive and behavioural changes. Memory loss, confusion, wandering, agitation, personality change, loss of social "norms" can be culturally interpreted as evidence of supernatural harm or wrongdoing rather than a neurodegenerative illness. Accusations disproportionately target older women, especially widows or those lacking strong family protection, and can trigger public shaming, violence, expulsion from communities, and forced relocation to "witches' camps" in northern Ghana (Gambaga, Gnani, Kukuo). This stigma and social exclusion can delay medical help-seeking, push families toward faith and traditional responses instead of clinical assessment, and worsen outcomes by layering trauma, isolation, poverty, and poor access to healthcare on top of possible dementia-related frailty. The recent Ghanaian study shows that camp residents report very high anxiety and depression alongside severe social deprivation, illustrating how witchcraft-related stigma can compound vulnerability in older women who may already be experiencing cognitive decline consistent with Alzheimer's disease or dementia.

Research

Ghana currently has no active interventional Alzheimer's disease clinical trials, and patients do not have access to experimental disease-modifying therapies. Dementia research remains largely observational rather than trial-based. There are also no dementia-specific innovative diagnostic or treatment programs, with recent health-system improvements focusing instead on general imaging capacity and service strengthening rather than Alzheimer's-targeted technologies.

Selected academic institutions

Korle Bu Teaching Hospital (KBTH) Komfo Anokye Teaching Hospital (KATH)

Clinical trials and registries

Public trial registries, including ClinicalTrials.gov, list no active interventional Alzheimer's disease trials recruiting in Ghana. Multinational Alzheimer's disease trials currently underway do not include Ghanaian sites, reflecting broader structural barriers to trial participation such as limited specialist infrastructure, regulatory complexity, and sponsor preference for established research hubs in Europe, North America, or selected middle-income countries. The absence of clinical trial activity means that people in Ghana do not have access to experimental disease-modifying therapies or structured trial-based diagnostic and follow-up pathways. It also limits local research capacity building in trial management, biomarker use, and advanced neuroimaging protocols. Ghana's dementia research profile therefore remains largely observational and descriptive, rather than interventional.

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References

- https://clinicaltrials.gov/

Selected innovative methods

There are currently no dementia-specific innovative diagnostic or therapeutic programs in Ghana. Health-system improvements have focused on general imaging and service capacity rather than Alzheimer's-specific technologies.

Post-pandemic health-system recovery efforts have identified imaging-service strengthening as a national priority

area. Assessments and investments aimed at improving CT and MRI availability, equipment maintenance, and workforce support in public hospitals have been implemented, alongside remote consultation and teleradiology models that link Ghanaian radiologists with external expertise. Although these initiatives are not dementia-specific, they have important spillover benefits for neurological care, including suspected dementia, stroke, and other brain disorders.

References

- https://citycancerchallenge.org/strengthening-imaging-services-in-ghana-a-path-of-resilience
- https://collectiveminds.health/articles/worldwide-radiology

Support

Dementia support in Ghana is led mainly by the Alzheimer's & Related Disorders Association of Ghana (ARDAG), which runs stigma-reduction campaigns, caregiver education, and community outreach. COMPASS-Ghana has strengthened palliative care through training and multidisciplinary services, while the Ghana Palliative Care Association and professional bodies contribute to capacity building. Support remains largely urban-centred and dependent on NGOs and partnerships, with limited nationwide coverage.

Organizations are listed for informational purposes based on publicly available sources. Inclusion does not necessarily indicate affiliation with or endorsement by Alzheimer's Disease International (ADI).

Selected national associations, patient family associations, NGOs:

Alzheimer's & Related Disorders Association of Ghana (ARDAG) Ghana Palliative Care Association (GPCA) Ghana College of Midwives and Nurses

Selected initiatives

Dementia awareness and support initiatives in Ghana are led primarily by the Alzheimer's & Related Disorders Association of Ghana (ARDAG), including public campaigns such as "They Are NOT Witches," which challenge stigma and promote understanding of dementia as a medical condition. ARDAG provides caregiver education, community outreach, and information platforms, though activities remain concentrated in urban areas. Additional efforts such as COMPASS-Ghana, have strengthened palliative care capacity through multidisciplinary training and community-based models, while initiatives like "Alter Ghana" have engaged faith communities in dementia education through culturally adapted workshops delivered in partnership with local and international academic institutions.

ARDAG

ARDAG's public campaigns explicitly address stigma and harmful cultural narratives surrounding dementia. Initiatives such as "They Are NOT Witches" confront the spiritualisation of cognitive decline and promote understanding of dementia as a medical condition. The organisation also provides carer guidance, community talks, and contact points for families seeking information or peer support. Campaign materials, events, and educational resources are published through ARDAG's online platforms and outreach activities. While impactful, these initiatives operate at a limited scale and rely heavily on volunteer effort, external funding, and partnerships. Coverage remains uneven across regions, with stronger presence in urban centres than in rural communities where stigma and delayed diagnosis are often most pronounced.

COMPASS

COMPASS-Ghana's program at Asamang SDA Hospital established a multidisciplinary palliative care hub combining clinical services, outreach, training, advocacy, and bereavement support. Milestones include large-scale clinician training, a trained ambassador cadre, practical placements in Uganda, and the introduction of oral morphine

prescribing following specialist education, alongside policy work with the Ghana Palliative Care Association toward a national palliative-care strategy. Although funding remains constrained, the hub-and-training approach aligns with Ghana's UHC goals by improving early identification and care planning for life-limiting illness. For dementia in Ghana, COMPASS-Ghana's model can directly help by extending palliative principles (pain and symptom control, psychosocial and carer support, advance care planning, and community outreach) into advanced dementia, reducing late-stage crises, supporting families (often women and children caregivers), and bringing compassionate, culturally sensitive end-of-life care closer to people outside Accra and Kumasi.

Alter Ghana

In September 2025, the initiative called "Alter Ghana" organised a dementia education event for faith-based community members in Ghana, centred on the Faith Villages workshop, a culturally adapted program originally developed for Black faith communities in the United States. The event aimed to improve participants' knowledge of dementia and attitudes toward Alzheimer's disease, address stigma, and strengthen the capacity of faith institutions to support people living with dementia and their care partners. The initiative was implemented in collaboration with ARDAG, the Emory University Nell Hodgson Woodruff School of Nursing, the University of Georgia School of Social Work, and the Kwame Nkrumah University of Science and Technology Department of Medicine, reflecting a community-engaged, cross-institutional approach tailored to Ghana's cultural and religious context.

References

- https://alzheimersgh.org/care-for-them/
- https://alzheimersgh.org/services/
- https://eapcnet.wordpress.com/2024/09/17/building-sustainable-and-culturally-inclusive-palliative-care-in-ghana-insights-from-compass-ghana/
- https://csw.utk.edu/news/a-mission-to-enhance-dementia-awareness-in-ghana/
- https://scholarblogs.emory.edu/epps-faithvillage/alter-ghana/

Dedicated media outlets

Ghana does not have media outlets dedicated exclusively to dementia or brain health. Instead, information dissemination occurs through NGO's websites, hospital communications, professional associations, and occasional coverage in mainstream media during awareness campaigns (e.g. World Alzheimer's Month). This contributes to irregular public visibility and limits sustained national dialogue on dementia as a public policy issue.

References

- https://alzheimersgh.org/
- https://www.instagram.com/alzheimersghana/
- https://www.facebook.com/alzheimers.gh/